

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 730

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5422		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett (rural) Independence		c. LENGTH OF STAY (in this place) 84 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett (rural) Independence		350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kennett-6 miles south				d. STREET ADDRESS (If rural, give location) 6 miles south of Kennett			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Kirkman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1951					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH May 19, 1861	
9. AGE (in years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Kennett, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME C. D. Hale		13b. MOTHER'S MAIDEN NAME Elizabeth Springer		14. NAME OF HUSBAND OR WIFE Thomas P. Kirkman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Betty Stroup Kennett, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombo-arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 MO. 13 1/3 2 wks				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 1-14 1951, to 1-30, 1951, that I last saw the deceased alive on 1-29, 1951, and that death occurred at 12:45 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul H. ... M.D.		23b. ADDRESS Kennett Mo		23c. DATE SIGNED 1-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Missouri	
DATE REC'D BY LOCAL REG. 2-5-1951		REGISTRAR'S SIGNATURE Carl ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul ... Kennett, Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT2-6-51.....
COUNTY FILE NUMBER 251-29.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2556

P. O. Address *Leumeth, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.